

By: Coleman

H.B. No. 4139

A BILL TO BE ENTITLED

AN ACT

relating to the Office for Health Equity.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 107A, Health and Safety Code, is amended to read as follows:

Sec. 107A.001. THE OFFICE [~~CENTER~~] FOR HEALTH EQUITY [~~ELIMINATION OF DISPROPORTIONALITY AND DISPARITIES~~]. The executive commissioner shall maintain an office [~~center~~] for health equity [~~elimination of disproportionality and disparities~~] in the commission to:

(1) assume a leadership role in working or contracting with state and federal agencies, universities, private interest groups, communities, foundations, and offices of minority health to develop and implement health initiatives to create health equity by decreasing[e] or eliminating[e] health and health access disparities among racial, multicultural, disadvantaged, ethnic, gender, age, language, and regional populations, including appropriate language services; and

(2) seek out state and federal agencies, universities, private interest groups, communities, foundations, and offices of minority, gender, age health in order to coordinate and maximize use of existing resources without duplicating existing efforts.

Sec. 107A.002. POWERS OF THE OFFICE [~~CENTER~~]. The office [~~center~~] may:

1 (1) provide a central information and referral source,
2 including a clearinghouse for health disparities information, and
3 serve as the primary state resource in coordinating, planning,
4 ~~[and]~~ advocating, and implementing access to health care services
5 to eliminate health disparities in this state;

6 (2) coordinate conferences and other training
7 opportunities to increase skills among state agencies and
8 government staff in management and in the appreciation of cultural
9 diversity;

10 (3) pursue and administer grant funds for innovative
11 projects for communities, universities, groups, and individuals;

12 (4) provide recommendations and training in improving
13 minority recruitment in state agencies;

14 (5) publicize, distribute, and implement information
15 and evidence based strategies to promote health equity and
16 eliminate ~~[regarding]~~ health disparities and minority health
17 issues through the use of the media;

18 (6) network with existing minority organizations,
19 community-based health groups, faith-based organizations, and
20 statewide health coalitions;

21 (7) solicit, receive, and spend grants, gifts, and
22 donations from public and private sources; ~~[and]~~

23 (8) contract with public and private entities in the
24 performance of its responsibilities;

25 (9) investigate and report on issues related to health
26 and health access disparities among multicultural, ethnic
27 disadvantaged, gender, age, language, and regional populations;

1 (10) coordinate and work with local health authorities
2 to collect and report data related to health and health access
3 disparities among multicultural, disadvantaged, ethnic, gender,
4 age, language, and regional populations;

5 (11) make the de-identified data collected in
6 subsection (10) readily available to the public;

7 (12) monitor existing and emerging trends in
8 behavioral health, morbidity and mortality among multicultural,
9 disadvantaged, ethnic, gender, age, language, and regional
10 populations;

11 (13) develop and implement short term and long term
12 strategies to promote health equity and eliminate health and health
13 access disparities among multicultural, disadvantaged, ethnic,
14 gender, age, language, and regional populations;

15 (14) monitor the progress of the commission and the
16 providers it contracts with in promoting health equity and
17 eliminating the health and health access disparities;

18 (15) advise and assist the commission on the
19 implementation of any targeted programs or funding authorized by
20 the legislature to address health and health access disparities.

21 (16) examine the role that disparities in education,
22 criminal justice, housing, economic opportunity, environment, and
23 other social determinants contribute to disparities in health
24 access and outcomes

25 (17) examine how health disparities impact access to
26 educational, housing, and economic opportunity; and

27 (18) advise the commission on provider contracting to

1 ensure that the commission contracts with providers that promote
2 health equity and eliminate health and health access disparities
3 among multicultural, disadvantaged, ethnic, gender, age, language,
4 and regional populations.

5 Sec. 107A.003. FUNDING. The commission may distribute to
6 the office [~~center~~]:

7 (a) unobligated and unexpended appropriations to be used to
8 carry out its powers;[-]

9 (b) appropriations of money to the fund by the legislature;
10 or

11 (c) gifts, grants, including grants from the federal
12 government, and other donations received for the fund.

13 Sec. 107A.004. PROVIDER CONTRACTS.

14 (a) The commission shall work with the office during all
15 contract procurement to ensure that providers promote health equity
16 and eliminate health and health access disparities among
17 multicultural, disadvantaged, ethnic, gender, age, language, and
18 regional populations.

19 (b) the office shall assist providers contracted with the
20 commission implement programs and strategies that promote health
21 equity and eliminate health and health access disparities among
22 multicultural, disadvantaged, ethnic, gender, age, language, and
23 regional populations.

24 Sec. 107A.005. CROSS AGENCY ASSISTANCE. The office may
25 work with other Texas agencies to advise and assist in
26 implementation of programs and strategies aimed at eliminating
27 social determinants that that cause health and health access

1 disparities among multicultural, disadvantaged, ethnic, gender,
2 age, language, and regional populations.

3 Sec. 107A.006. COVID-19 DISPARITIES. (a) In this section,
4 "COVID-19" means the 2019 novel coronavirus.

5 (b) The center shall conduct a study to assess the
6 disproportionate effect the COVID-19 pandemic has had on racial,
7 multicultural, ethnic, disadvantaged, gender, age, and regional
8 populations in this state. In conducting the study, the center
9 shall:

10 (1) determine whether the COVID-19 pandemic
11 disproportionately affected certain racial, multicultural, ethnic,
12 disadvantaged, gender, age, language, and regional populations in
13 this state;

14 (2) if the center determines a particular population
15 was disproportionately affected by the pandemic, identify the
16 underlying causes of that disproportionate effect; and

17 (3) recommend policies and procedures for promoting
18 health equity during a future natural disaster, pandemic, or other
19 public health emergency.

20 (c) Not later than December 1, 2022, the center shall submit
21 to the governor, lieutenant governor, speaker of the house of
22 representatives, and members of the legislature a written report on
23 the results of the study and any recommendations for legislative or
24 other action.

25 (d) This section expires August 31, 2023.

26 SECTION 2. This Act takes effect September 1, 2021.